

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53	/					
4		/					54		/				
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29	/						79		/				
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31	/	/					81		/				
32	/	/					82		/				
33	/	/					83		/				
34	/	/					84		/				
35	/	/					85		/				
36	/	/					86		/				
37	/	/					87		/				
38	/	/					88		/				
39	/	/					89		/				
40	/	/					90		/				
41		/					91		/				
42		/					92		/				
43	/	/					93		/				
44		/					94		/				
45		/					95		/				
46	/	/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
T TAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
T TAL CLAIMS							TOTAL CLAIMS						

73/15